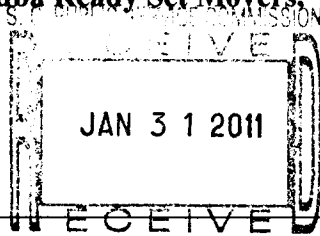


STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class E Household Goods
Certificate from Caleb Roca, dba Ready Set Movers,
LLC



(Please type or print)

Submitted by: Caleb Roca

Address: 2914 Jasper Blvd., Unit A

Sullivans Island, SC 29482

Telephone: (843) 882-756

Fax:

Other:

Email: Caleb@ReadySetMovers.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input checked="" type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petitioner |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
JAN 31 2011
CLERK'S OFFICE

RECEIVED

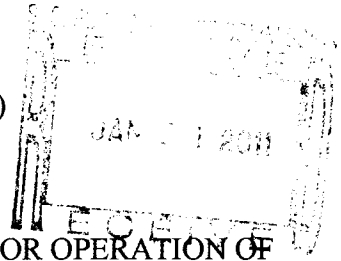
JAN 31 2011

PSC SC
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199



APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 01/28/2011

- ☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

IMPORTANT! If application is to request reinstatement or amend scope of authority, a current annual report must be on file with the Commission **before** application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application
☐ Amended Scope of Authority

Current Scope:
(list counties)

Amended Scope:
(list counties)

- ☐ Reinstatement of Authority

My Certificate of Public Convenience and Necessity Number is . My certificate was revoked/
cancelled on because

I am seeking reinstatement because

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Ready Set Movers, LLC

2914 Jasper Blvd, Unit A, Sullivan's Island, SC 29482

Street Address of Applicant

P.O. Box 2145, Mount Pleasant, SC 29465

Mailing Address of Applicant if different from street address

(843) 882-7561

Phone

FAX

Caleb@ReadySetMovers.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
- ☒ Partnership - List names and address of all person having an interest in the business.
- ☐ Corporation - List names and addresses of two principal officers.

Caleb Roca

Matthew Nungesser

4. Applicant proposes to operate service as follows: (Check one.)

- ☒ Intrastate Only ☐ Interstate Only ☐ Both

5. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of convictions below.

7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month January Year 2011

Assets:

Cash	\$8,200
Receivables	Ø
Real Estate	Ø
Buildings and Equipment (Net)	Ø
Motor Vehicles (Net)	Ø
Garage Equipment (Net)	Ø
Machinery and Tools (Net)	Ø
Supplies on Hand	\$2,300
Prepays and Other Assets	Ø
Total Assets	\$10,500
<u>Liabilities and Equity:</u>	
Accounts Payable	Ø
Notes Payable	Ø
Mortgages Payable	Ø
Equipment Obligations	Ø
Accrued Salaries and Wages	Ø
Other Accrued Obligations	Ø
Other Liabilities	Ø
Total Liabilities	Ø
Capital Stock	Ø
Retained Earnings	Ø
Total Equity	Ø
Total Liabilities and Equity	Ø

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges for Service are as follows:

See attachment 1 and 2.

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Areas to be Served: (List each county in which you plan to operate)

Ready Set Movers, LLC will be providing services for Charleston, Berkeley and Dorchester Counties in South Carolina.

Attachment #1

Proposed Rates and Charges for Services Rendered by Ready Set Movers, LLC:

Moving & Loading Rates:

- 2 men & 1 Truck @ \$80.00/hour
- 3 men & 1 Truck @ \$110.00/hour
- 4 men & 1 Truck @ \$140.00/hour
- 5 men & 1 Truck @ \$170.00/hour
- 6 men & 1 Truck @ \$200.00/hour

*Add \$10/hour for each additional truck used

Packing & Unpacking Rates:

- 1 man @ \$30.00/hour
- 2 men @ \$50.00/hour
- 3 men @ \$70.00/hour
- 4 men @ \$90.00/hour

Additional Fees When Applicable:

- Fuel Surcharge: \$00.50/mile
- Piano/hoist Fee: \$100/item
- Parking Fees/Permits/Police Details: TBD
- Trash Disposal Fee: Determined by amount to be disposed
- Holding Fee: \$100/night

Attachment # 2

Supply Cost Breakdown/Sale

Item Description	Cost	Sale
Book Box (1.5cf) 25 box bundle		\$0.97 \$2.00
Medium Box (3.1cf) 15 box bundle		\$1.85 \$3.00
Large Box (4.5cf)		\$2.43 \$4.00
30x40 Mirror Box (4pcs)		\$3.30 \$4.50
40x60 Mirror Box (4pcs)		\$5.06 \$5.50
Dish/China Pack (cf) 10 box bundle		\$3.60 \$5.50
News Print Packing Paper (25lb)	\$.66/pound (\$16.50/bundle)	\$24
Black Marker		\$1.00 \$1.50
Tape		\$0.95 \$2.00
Mattress Bag (Twin)		\$3.00 \$6.00
Mattress Bag (Full)		\$3.00 \$6.00
Mattress Bag (Queen)		\$3.00 \$6.00
Mattress Bag (King)		\$3.00 \$6.00

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	CARRYING CAPACITY *
Ready Set Movers, LLC does not own				
any company vehicles at the time of this				
application. Ready Set Movers, LLC will rent				
short-term truck rentals on a as-needed				
basis. When the company has built up enough				
capital, it will purchase or lease a				
truck.				

* Number of seats if passenger carrier or tonnage if freight carrier.

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Read Set Movers, LLC

Name of Motor Carrier

P.O. Box 2115 Mt Pleasant, SC 29465

Address of Motor Carrier

Amount of Premium:

Liability Insurance \$ 662.50

Cargo Insurance \$

Limits Quoted (See Below:)

Limits \$1,000,000 - \$2,000,000

Limits

* Attach Certificate of Insurance if available.

First Financial Insurance Company

Name of Insurance Company

Springfield, Illinois

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

01/25/2011

Date



Agent Pinkney Carter Company

Authorized Insurance Company Representative's Signature

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

Exhibit FWA

Caleb Roca, dba: Ready Set Movers, LLC
Name

N/A

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☐ Yes ☒ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☐ Yes ☒ No

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

SWORN TO BEFORE ME
This 28th day of January, 2011

Renee M. USSERY
Notary Public

Commission Expires 8/11/2019

Caleb C. Roca
Applicant's Signature

RENEE M. USSERY
Notary Public - State of South Carolina
My Commission Expires August 11, 2019

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF Charleston

Caleb Roca
Applicant's Signature

I, *Caleb Roca*
Renee M. Usery , *Notary* *Owner*
Name of Applicant's Representative Title
of *Ready Set Movers* *Caleb Roca*
Applicant

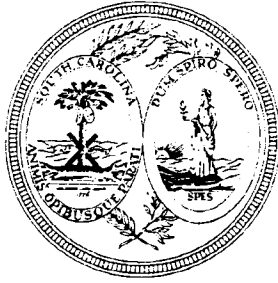
the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Renee M. Usery
Signature of Applicant's Representative

SWORN TO BEFORE ME
This *28th* day of *January*, 2011
Renee M. Usery
Notary Public
Commission Expires *8/11/2019*

RENEE M. USSERY
Notary Public - State of South Carolina
My Commission Expires August 11, 2019

The State of South Carolina



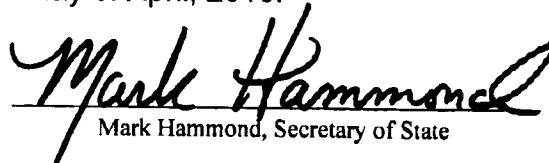
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

READY SET MOVERS, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on April 27th, 2010, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
30th day of April, 2010.


Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

APR 27 2010

ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic
Filing Fee - \$110.00

TYPE OR PRINT CLEARLY IN BLACK INK

SECRETARY OF STATE OF SOUTH CAROLINA

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Ready Set Movers, LLC

*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." or "LC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

955 Provincial Circle

Street Address

Mount Pleasant

City

29464

Zip Code

3. The initial agent for service of process is

Matthew Thomas Nungesser

Name

Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

955 Provincial Circle

Street Address

Mount Pleasant

City

29464

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) Matthew Thomas Nungesser

Name

955 Provincial Circle

Street Address

Mount Pleasant

City

SC

State

29464

Zip Code

(b) Caleb Christian Roca

Name

18 Ship Avenue, Unit #2

Street Address

Medford

City

MA

State

02155

Zip Code

100429-0071

FILED: 04/27/2010

READY SET MOVERS, LLC

Filing Fee: \$110.00 ORIG

Form Revised by South Carolina
Secretary of State, December 2009



Mark Hammond

South Carolina Secretary of State

Name of Limited Liability Company Ready Set Movers, LLC

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____

6. ☒ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a) Matthew Thomas Nungesser
Name
955 Provincial Circle
Street Address
Mount Pleasant SC 29464
City State Zip Code

(b) Caleb Christian Roca
Name
18 Ship Avenue, Unit #1
Street Address
Medford MA 02155
City State Zip Code

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

M.T. Nungesser
Signature of Organizer

04/20/2010
Date

Caleb C. Roca
Signature of Organizer

04/20/2010
Date